

<i>SERFF Tracking Number:</i>	<i>LBLI-126728441</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46296</i>
<i>Company Tracking Number:</i>	<i>LTR3007AD(06-10)</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Accidental Death Rider</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Liberty Life Insurance Company

Product Name: Accidental Death Rider

TOI: L04I Individual Life - Term

SERFF Tr Num: LBLI-126728441

State: Arkansas

SERFF Status: Closed-Approved-Closed

State Tr Num: 46296

Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Co Tr Num: LTR3007AD(06-10)

State Status: Approved-Closed

Filing Type: Form

Author: Julie Duncan

Reviewer(s): Linda Bird

Date Submitted: 07/22/2010

Disposition Date: 08/03/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/03/2010

Explanation for Other Group Market Type:

State Status Changed: 08/03/2010

Deemer Date:

Created By: Julie Duncan

Submitted By: Julie Duncan

Corresponding Filing Tracking Number:

Filing Description:

Form No. LTR3007AD(06-10), Accidental Death Benefit Rider

Liberty Life Insurance Company has prepared the above referenced filing for your review and approval.

The above referenced form is an optional rider to be attached to the term policy providing additional benefits if the insured dies as a result of a covered accident. Issue ages for this rider are 18-65.

SERFF Tracking Number: LBLI-126728441 State: Arkansas
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The previously approved term policies, and their approval dates, this rider can be attached to are listed below.

Form number Approval
 LTP3000NSI(06-09) 8-3-09
 LTP3001NUW(06-09) 11-18-09
 LTP3002NSR(10-09) 11-18-09
 LTP3003NUR(10-09) 12-1-09

To the best of my knowledge and belief, this form complies with the statutory and regulatory requirements of your state. This form contains no unusual or possible controversial items from normal company or industry standards.

Company and Contact

Filing Contact Information

Julie Duncan, Compliance Analyst II julie.duncan@rbc.com
 2000 Wade Hampton Blvd 864-609-1172 [Phone]
 Greenville, SC 29615 864-609-1039 [FAX]

Filing Company Information

Liberty Life Insurance Company CoCode: 61492 State of Domicile: South Carolina
 2000 Wade Hampton Blvd Group Code: Company Type:
 Greenville, SC 29602 Group Name: State ID Number:
 (864) 609-1172 ext. [Phone] FEIN Number: 44-0188050

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty Life Insurance Company	\$20.00	07/22/2010	38223274
Liberty Life Insurance Company	\$30.00	07/23/2010	38250436

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/03/2010	08/03/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	07/23/2010	07/23/2010	Julie Duncan	07/23/2010	07/23/2010

SERFF Tracking Number: *LBLI-126728441*

State: *Arkansas*

Filing Company: *Liberty Life Insurance Company*

State Tracking Number: *46296*

Company Tracking Number: *LTR3007AD(06-10)*

TOI: *L04I Individual Life - Term*

Sub-TOI: *L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium*

Product Name: *Accidental Death Rider*

Project Name/Number: */*

Disposition

Disposition Date: 08/03/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Accidental Death Benefit Rider		Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/23/2010
Submitted Date 07/23/2010
Respond By Date 08/23/2010

Dear Julie Duncan,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$30.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
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Product Name: Accidental Death Rider
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/23/2010
Submitted Date 07/23/2010

Dear Linda Bird,

Comments:

Thank you for your correspondence.

Response 1

Comments: Per your request, the \$30 filing fee has been remitted. I apologize for this error.

Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$30.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

If you have any further questions or concerns, please let me know. Thank you!

Sincerely,
Julie Duncan

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Form Schedule

Lead Form Number: LTR3007AD(06-10)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LTR3007AD(06-10)	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52.800	LTR3007AD(06-10).pdf

Liberty Life Insurance Company

Home Office: 2000 Wade Hampton Boulevard Greenville, SC 29615

Mailing Address: PO Box 19084 Greenville, SC 29602-9084

ACCIDENTAL DEATH BENEFIT RIDER

Providing a Benefit for the Accidental Death of the Insured
attached to and made a part of the Policy

Accidental Death Benefit Payable: We will pay, subject to Exclusions, the Accidental Death Benefit shown on the Policy Schedule after we receive due proof that your death occurred:

- (a) while this Rider and the Policy to which it is attached are in force; and
- (b) as the direct and sole result of injuries sustained in a Covered Accident;
- (c) within 90 days from the date of that Covered Accident; and
- (d) before the Policy Anniversary following your 72nd birthday.

We will pay an amount equal to twice the Accidental Death Benefit shown in the Policy Schedule if your death is the result of bodily injuries sustained in a Covered Accident while a fare-paying passenger on a licensed public vehicle.

The Accidental Death Benefit will be paid to the Beneficiary. Payment is subject to all provisions in the Policy.

Covered Accident: A Covered Accident means an accident, subject to Exclusions, which occurs after the Effective Date for this Rider shown on your Policy Schedule.

Exclusions: An Accidental Death Benefit will not be payable under this Rider if your accidental death results directly or indirectly, in whole or in part, from:

- (a) disease, illness or infirmity of the body or mind;
- (b) intentional self-inflicted injury while sane, or self-inflicted injury while insane;
- (c) participating in a riot or insurrection;
- (d) war or act of war, whether or not it is declared; or injuries sustained while in the service of any armed force engaged in conflict with another armed force;
- (e) participating in or attempting to commit an assault or a felony;
- (f) injury intentionally inflicted by another person unless you are an innocent bystander having no part in the altercation which caused the injury;
- (g) travel or flight in or descent from or with any kind of aircraft, unless you have no duties with respect to such travel, flight or descent, and are being transported solely as a passenger in an aircraft that is not maintained or operated for military or naval purposes;

- (h) injury occurring while you are under the influence of alcohol; or
- (i) injury occurring while you are under the influence of any drug, narcotic or controlled substance unless administered on the advice of a physician and taken in the dosage prescribed.

Effective Date: The Effective Date of this Rider is the Effective Date of the Policy, unless a different date is shown for the Accidental Death Benefit on the Policy Schedule.

Termination: All coverage under this Rider will terminate on the first to occur of the following events:

- (a) lapse, surrender or termination of the Policy;
- (b) the Policy Anniversary following your 72nd birthday; or
- (c) non-payment of Rider premium within the Grace Period.

If we accept a premium for this Rider after termination under (b), we will be liable only for the refund of the premium.

The Owner may cancel this Rider on any premium due date by filing Written Notice with us accompanied by the Policy for endorsement. Termination will occur on the monthly anniversary day coinciding with, or next following, receipt of this request.

Consideration: This Rider is issued based on your application and on the payment of premiums for this Rider as stated on the Policy Schedule. Premiums are payable for the full number of years stated in the Policy Schedule.

Other Provisions: All provisions of the Policy not inconsistent with the provisions of this Rider will apply to this Rider.

Nonparticipating: Premium rates are guaranteed and this Rider does not share in our surplus.



Secretary

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	
Comments:		
Attachment:		
AD READABILITY CERT.pdf		

READABILITY COMPLIANCE CERTIFICATION

1. Insurer: Liberty Life Insurance Company
PO Box 789
Greenville, South Carolina 29602-0789
2. Certification: I hereby certify that the forms listed below produce Flesch reading ease scores which meet the minimum score required in your state.

In addition, I certify that the forms, except for schedules and tables, are printed in 10 point type, one point leaded. The words and terminology exempted are: (a) all words and terms defined in the forms, (b) all captions and subcaptions, (c) all tables and schedules, and (d) all medical terms. All exempted items are permitted in your state.

READABILITY SCORE

<u>Name of Form</u>	<u>Form Number</u>	<u>Flesch Score</u>
Accidental Death Benefit Rider	LTR3007AD(06-10)	52.8

July 19, 2010
Date



Mark S. Wessel
Compliance Officer Policy Forms/Compliance